



Atención Primaria

www.elsevier.es/ap



PARALLEL SESSIONS: SYMPOSIUMS

3rd World Congress of Health Research

Viseu - Portugal, 29-30 September 2016

SYMPOSIUM: NATIONAL NETWORK OF INTEGRATED CONTINUOUS CARE: EVOLUTION OF THE DEPENDENTS HEALTH PROFILE.

(Symposium composed of 6 communications)

Symposium coordinator: Fernando Petronilho, Escola Superior de Enfermagem da Universidade do Minho (ESE UMinho), fpetronilho@ese.uminho.pt

Comunicación 4

FORMAL SUPPORT AFTER NNICC CLINICAL DISCHARGE

Jorge Oliveira⁽¹⁾, Ricardina Castro⁽²⁾, Ana Maçaira⁽³⁾, Carlos Junco⁽⁴⁾, Graça Sousa⁽⁵⁾, Fernando Petronilho⁽⁶⁾

⁽¹⁾Vizela's Medium-term Duration and Rehabilitation Unit, jorgeoliveira@uccvizela.com

⁽²⁾ Fafe's Integrated Continuous Care Team, ecci.fafe@gmail.com

⁽³⁾ Basto's Integrated Continuous Care Team, ecciregiaobasto@gmail.com

⁽⁴⁾Vizela's Medium-term Duration and Rehabilitation Unit, carlosjunco88@gmail.com

⁽⁵⁾ Basto's Integrated Continuous Care Team, ecciregiaobasto@gmail.com

⁽⁶⁾University of Minho - School of Nursing, fpetronilho@ese.uminho.pt

ABSTRACT

Introduction: The resources available to families that integrate dependents are facilitating factors of healthy transitions. The research carried out in Portugal shows that there is inadequate formal network support to self-care dependents after home return.

Objective: Identify the formal network support for dependents, after clinical discharge from the National Network of Integrated Continuous Care (NNCCI) to home.

Material and Methods: An exploratory study of quantitative profile. The sample includes 418 families that integrate dependents, after clinical discharge from the NNICC to home, in the Minho region of Portugal. Was applied the form "Profile of the dependents Integrated in the NNICC providers" during one year (2013 to 2014).

Results: In clinical discharge for most families was planned medical [84.1% (N = 351)] and nursing [53.8% (N = 224)] support, with appointments at the health center or house scheduling; [44.8% (N = 187)] were referred for physiotherapy services and only [2.9% (N = 12)] had support of Home Support Services (HSS). In families who had not planned nursing support [46.2% (N = 194)] after clinical discharge of the dependent, it was found that 47.9% (N = 93) of family caregivers (FC) play the role for the 1st time and 20.1% (N = 39) of the dependent relatives are totally dependent.

Conclusion: The study revealed insufficient support from the formal network, in particular, by the nursing teams to families that integrate the most dependent patients. Those, in view of their very vulnerable health condition, require of the FC higher intensity and complexity of care, hence, they cannot "be alone" in the taking care process. Clinical discharge should be planned with more professionalism.

Keywords: Self-care, Family, Formal support, NNICC